

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51		3						
2	1						52		3						
3		2					53		3						
4		2					54		3						
5		2					55		3						
6		2					56		3						
7		1					57	1							
8		1					58		1						
9		1					59	1							
10		2					60		1						
11		2					61	1							
12		2					62	1							
13		2					63		2						
14		2					64		2						
15		2					65		2						
16		2					66		2						
17		2					67		2						
18		2					68		2						
19		2					69		2						
20		2					70		2						
21		2					71		2						
22		2					72		2						
23		2					73		2						
24		2					74		2						
25		2					75		2						
26		2					76		2						
27	1						77		2						
28	1	1					78		2						
29	1						79		2						
30		3					80		2						
31		3					81		2						
32		3					82		2						
33		3					83		2						
34		3					84		2						
35		3					85	1							
36		3					86	1							
37		3					87	1							
38		3					88	1							
39		3					89		4						
40		3					90		4						
41		3					91		4						
42		3					92		4						
43		3					93		4						
44		1					94		4						
45		1					95		4						
46		1					96		4						
47		1					97		4						
48		1					98		4						
49		1					99		4						
50		3					100		4						
TOTAL IND.	←		←		←		TOTAL IND.	←		←		←		←	
TOTAL DEP.	←		←		←		TOTAL DEP.	←		←		←		←	
TOTAL CLAIMS	←		←		←		TOTAL CLAIMS	←		←		←		←	

1014 80
213 51
4072 80
211 2
1041 13